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ABSTRACT

THIS MONOGRAPH CONSISTS OF STATEMENTS ABOUT PROBLEMS CONFRONTING SCHOOLS TODAY, THEIR IMPLICATIONS FOR THE SCHOOL NURSE, AND RATIONALES FOR THE NURSES ROLE IN ATTEMPTING TO RESOLVE THESE CONCERNS OF CHILDREN AND YOUTH TODAY. THE TOPICS WHICH ILLUSTRATE THE RELATIONSHIP BETWEEN SCHOOL NURSING AND CONTEMPORARY CRITICAL ISSUES INCLUDE SMOKING, ALCOHOI, DRUG ABUSE, VENEREAL DISEASE, TEENAGE PREGNANCY, FAMILY LIFE EDUCATION, AND MENTAL HEALTH. WAYS TO BRING ABOUT CHANGES IN SCHOOL NURSING ARE ALSO PRESENTED AND INCLUDE THE USE OF NURSING AIDES IN THE SCHOOLS, COMPREHENSIVE HEALTH PLANNING SERVICES, AND PRESCHOOL PROGRAMS. THE PRIMARY RESPONSIBILITY OF THE SCHOOL NURSE IS TO PROMOTE HEALTH AND HELP IN PREVENTING DISEASE AND THUS SHE MUST SERVE IN VARIOUS CAPACITIES SUCH AS HEALTH APPRAISER, COUNSELOR, HEALTH EDUCATOR, LIAISON PERSON, AND RESEARCHER IN ORDER TO ACCOMPLISH THE OBJECTIVES OF A HEALTH PROGRAM.

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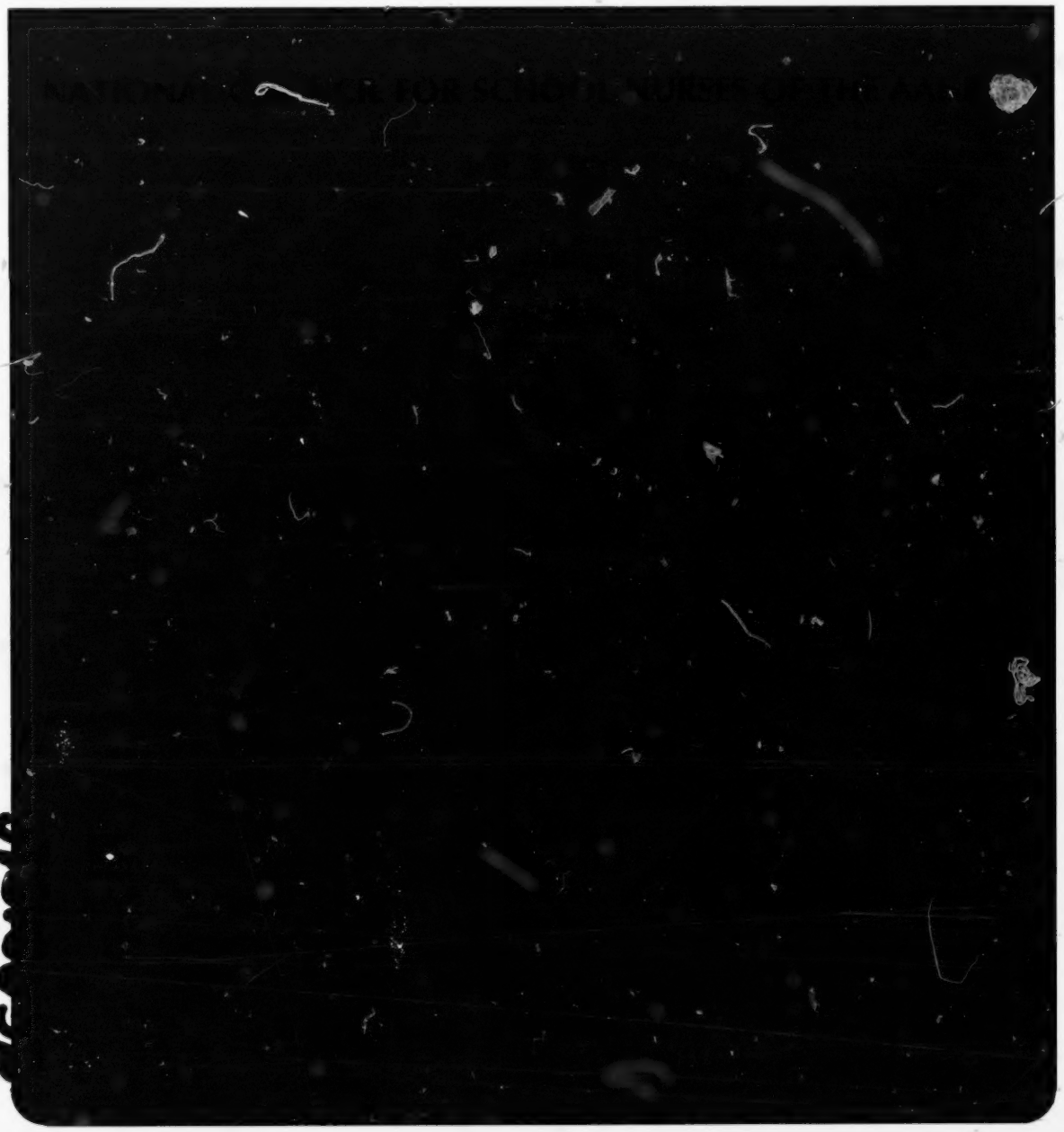

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SCHOOL NURSING MONOGRAPH #1

SOLUTIONS TO CRITICAL HEALTH NEEDS

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National Council for School Nurses of

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PREFACE

This monograph is dedicated to the millions of school children everywhere and to school nurses all over the country—past, present, and future.

The monograph authors are school nurses representing various areas of the United States and a variety of school nursing programs. From the women practicing nursing in the schools of this country come the theory, philosophy, concepts, and identified skills included in the following pages.

It is hoped that this document will provide a guide for school nurses and administrators embarking on programs to meet today's demands with a workable rationale and specifics understandable to everyone.

The format of the monograph consists of statements of certain selected concerns confronting schools and school personnel today as viewed by the experts, followed by implications for the school nurse, and concluding with rationales for the nurse's role in resolving these pressing concerns of children and youth in our world today.

The following basic assumptions will serve as a foundation and premise for ideas presented in this monograph.

The primary responsibility for the health of the child rests with the family and eventually with the individual as he matures.

The responsibility of the school is education. There are other institutions which are responsible for treatment of illness and injury.

The school, then, assumes the responsibility of the promotion of health and the prevention of disease through the educational process, directed toward well children and those mentally, emotionally, socially, or culturally handicapped.

Although this monograph is primarily concerned with the implications for school nurses, the authors do not wish to imply a lack of awareness and respect for the many other team members involved in school and community health.

A MESSAGE TO SCHOOL ADMINISTRATORS

The understanding and support of the school administrator is the key to good school health programs. Yet, in these complex days of many pressures, the school administrator has little opportunity to explore in depth the current health and social problems facing children and youth or to determine the contributions that can be made by qualified school nurses to assist in solving these problems.

Legislation is currently providing more financial aid for school health services than has been previously available. Caution must be used, however, to ensure that these funds actually contribute to desired outcomes. In the first two fiscal years of the Elementary and Secondary Education Act, nearly 10,000 nurses were added to school staffs under Title I, yet in many cases these employees were not prepared in school nursing and the resultant programs suffered.

The quality of performance of school nursing responsibilities is dependent upon the nurse's own ability and professional preparation. This places an additional burden upon the administrator to provide leadership and supervision in selection of nurses as well as to determine sound philosophy and policies pertaining to school health.

The potential for optimal physical health for children and youth has never been greater nor the future brighter. Medical science has unlocked and continues researching the components of physical illness, mental retardation, and emotional disturbance. Children survive infancy in greater numbers, mature earlier, and grow taller and heavier than their parents and grandparents. There is a greater awareness of health knowledge. Though there are more health services available, experience shows that free services do not necessarily motivate individuals to improve their health status.

The demand for school nursing services grows, and nurses are working harder than ever performing new and different tasks. The number of new trends and activities affecting school nursing practice is continually on the increase. A glance at a local newspaper or periodical indicates change: civil strife, new findings in medicine and education, rebellious youth, new legislation, and health manpower problems. These are only a few items affecting children and youth, parents, and school and health personnel, yet schools still

offer the greatest resource and potential for change. A few topics have been selected for this monograph to illustrate the relationship of school nursing to the critical issues of today. They should aid the administrator in the direction of a sound school nursing program.

There is evidence of a growing trend toward the pupil-personnel team concept. Teams usually include guidance counselors, psychologists, social workers, health services personnel, health educators, physical educators, and others. Each has a unique contribution, but cannot function independently. A systematic plan for communication among the various professionals is essential. In these days of shortage of skilled manpower, roles and functions must be delegated to the most appropriate personnel. This will require continual job analysis and changes in assigned responsibilities. The school administrator's task is great, but the rewards for a job well done are equally great.

A MESSAGE TO SCHOOL NURSES

School nursing responsibilities and the unique knowledge and skills needed to expedite the fulfillment of these responsibilities are not new to any nurse working in the schools. This monograph, however, discusses certain implications for school nursing which, though perhaps obvious, are essential in meeting some of today's most pressing concerns when working with children and youth.

The rapidly changing world of today makes it almost impossible to predict the needs of tomorrow.

It is important, therefore, to prepare the child to think for himself and to evaluate new knowledge necessary to meet different kinds of problems and situations. Qualities such as adaptability and stability will fortify the child and enable him to cope with problems of the present and the future, not only of health but also of facing life intelligently.

The importance of the school nurse in helping students in today's world lies in the fact that she is often the only full-time health resource person within her assigned school or schools. She works with pupils, parents, school personnel, and community health agencies on a variety of medical, psychological, economic, social, educational, and moral problems. Florence Henderson, in the *Nature of Nursing*, defends our extended responsibilities—"Major efforts have been made by individuals, small groups, and organized nursing to formulate a statement on the role and function of the school nurse. The most notable are the ANA's 'Function, Standards, and Qualifications of School Nursing' and 'The Role of the School Nurse' published by the American School Health Association, but we must conclude that this is still unfinished business. Perhaps this is one of the perennial problems that will always exist because conditions change from one era to the next and change with the culture or the nature of a society. However, as long as official definitions are unsatisfying to nurses or too general to guide practice, research, and education, individual nurses will continue to seek statements to meet their needs."

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EXPLORATION OF SELECTED CONCERNS

IMPLICATIONS FOR SCHOOL NURSING

SMOKING

January 11, 1969—Today marks the fifth anniversary of the Surgeon General's monumental report on Facts on Smoking, Tobacco, and Health, *which called cigarette smoking a menace to the nation's health.*

To commemorate the occasion, the two chief crusaders against cigarette smoking, the American Cancer Society and the National Clearinghouse for Smoking and Health, issued special compendiums on the subject.

The statistics included:

Last year, 1968, marked the first year of a decline in cigarette smoking in United States.

The American Cancer Society estimates that there are now 21 million ex-cigarette smokers, including about 100,000 physicians.

Earlier this year it was reported in a survey of the American Dental Association's 104,000 practicing dentists that one of every three members never smoked cigarettes, one of three is an ex-cigarette smoker, and one of three presently smokes cigarettes. All dentists polled said they believed that emphasizing to their patients the health hazards of cigarette smoking is a professional duty.

The American Cancer Society said that reports from the Public Health Service show a gradual falling off of cigarette smoking among teenagers.

Times-Post Service

It is increasingly evident through research that there is a causal relation between smoking and disease. Diseases most commonly associated with cigarette smoking include lung cancer, emphysema, bronchitis, and cardiovascular disease.

Though there is some reason to believe that teenagers are smoking less today, the cigarete industry is still flourishing.

Commercials in the various media have strong influence, as there is a tendency to relate smoking to glamour, sophistication, sex appeal, and virility.

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. Her responsibilities in dealing with smoking and health will vary in relation to her education and experience and other resources within the school and community. In general, her responsibilities are—

To provide individual and group counseling.

To supply reliable resource materials to student, faculty, and parent groups.

To encourage appropriate health instruction against smoking for students, faculty, and parents. This should be started in the elementary school.

To develop experimental projects aimed at discouraging students from taking up smoking. These could take the form of nonsmoking clubs, recognition of nonsmokers through citations, involvement of student leaders in campaigns emphasizing the bad effects of smoking on athletic performances.

The school nurse should also participate in local community programs involving smoking and health, such as the Interagency Council on Smoking and Health and various voluntary agencies interested in this area.

RATIONALE

The school nurse is a natural resource in dealing with this smoking problem. Her access to accurate medical information and her liaison with various health agencies keeps her well-informed. Her nursing background enhances her image as a health expert, thereby decreasing the credibility gap between her and the students.

Students appreciate the personal counseling of the nurse and recognize her nonthreatening role since she is not involved in grading and evaluation. The nurse is accepted as a confidential listener who is ready to help.

ALCOHOL

It is not easy to determine what should be taught because behind the apparently simple directive of the law, to teach the effects of alcohol, there lies a welter of implicit and sometimes contradictory ideas about what is to be accomplished and how it is to be done. This difficulty is in itself a sociological problem.

First of all, it is important to keep in mind the distinction between drinking, drunkenness, and alcoholism; which do we want to eliminate? Which of the three is the public health problem? It is easy to agree that we are all against alcoholism, but there is considerable disagreement in our culture about the other two—drunkenness and drinking.

Whether the educator should attempt to influence the student or merely give him the objective facts is another source of confusion about what to teach. Our philosophy of education usually emphasizes giving the facts, but the goal of exerting a wholesome influence is always implicit. Furthermore, what constitutes objectivity or bias is sometimes quite a subtle matter, not at all clearly understood by either teacher or pupil.

Use of Alcoholic Beverages by Society, *Genevieve Knupfer, M.D., Ph.D., California State Department of Public Health.*

In many states, instruction in the "evils" of alcohol is mandated by law.

Alcohol is a depressant, which acts to slow down the responses of the nervous system. Even small amounts impair judgment and muscular activity.

Alcoholism is an illness that can be treated if the victim has the firm desire to be cured.

Alcohol is a causal factor in approximately one-half of the automobile accidents fatal to drivers.

Drinking has become a folkway; serving drinks is an act of hospitality and gracious living. Drinking, to some students, is a symbol of the sophisticate,

of resisting adult authority. Mass media influence many on the social advantages of drinking.

In spite of minimum-age drinking laws, school-aged students do drink. Some come to school under the influence of alcohol or suffering from the effects of overindulgence.

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. She may have occasion to treat a student in school who either has a "hangover" or shows signs of alcohol consumption. She needs to be alert to such symptoms and prepared for first aid. She—

Should have administrative approval of procedures regarding informing parents of problem students.

Will need to know available community services.

Will have opportunities for health counseling related to alcohol with students, parents, and school personnel.

Will have appropriate resource materials available for health counseling and health instruction.

Must always regard alcoholism or drinking in a scientific, professional manner, free from personal bias or opinion.

Should be aware of the problem confronting students with alcoholic parents and be prepared to assist these students whenever possible.

RATIONALE

The nurse will be able to give students and teachers reliable information about the impact which excessive drinking may have on employment, marriage, budget, driving, and general health, without seeming moralistic or judgmental.

DRUG ABUSE

Some individuals feel compelled to abuse drugs as a way of life, a way to shut out the real world or to enter a world of unreality.

Others, especially young people, may see drug abuse as an adventure, a road to supposedly new experiences.

For all of us drug abuse is an expensive practice. Millions of tax dollars are spent each year controlling abuse and treating persons dependent on drugs. Equally important, additional millions are lost by those who, often unknowingly, rob themselves of their ability to be productive and jeopardize their physical and mental health.

The pressures of modern society contribute to the drug abuse problem. So do its material advantages. Among those youngsters and others who do not have to struggle for the essentials of life, some may turn to drugs for excitement. Apparently they have learned how to use their minds, but not how to develop and enjoy their senses without artificial stimulation.

Most of us take drugs for medical reasons: people with headaches or colds take aspirin; heart patients take digitalis; people with peptic ulcers take antacids.

Drugs are chemicals that act upon the body's own chemistry. Sometimes they substitute for chemicals the body may lack, such as insulin. Frequently they help fight infections or improve the body's ability to function by stepping up or slowing down the activity of the glands and organs. It is clear that drugs can promote and preserve good health when they are taken on the advice of a physician or according to directions on the label.

On the other hand, drug abuse—taking drugs without professional advice or direction—can injure vital parts of the body: the liver, the kidneys, the heart, the brain. Abuse of certain drugs also can lead to drug dependence, either psychological, physical, or both.

Drug dependence, although seldom fatal, can cripple its victim in body and mind, in some cases permanently.

Drug Dependence, *Committee on Alcoholism and Drug Dependence of the American Medical Association, 1968.*

Though drug abuse is definitely more prevalent in some areas than in others, the problem is rapidly becoming nationwide. People who ignore this fact are hiding from reality. Drug abuse is not unique to any sex, race, or socioeconomic, ethnic, or age group.

Perhaps the greatest problem related to drug abuse is that many professional people, such as teachers, have little understanding of the values and reasons motivating the user or misuser of drugs. Lack of sufficient research into these drugs, particularly marijuana, makes it difficult to substantiate teaching and causes students to doubt educators. As a last resort, the teacher may tend to moralize, causing students to "tune out."

Drug use is a subject that needs to be taught factually and nonmoralistically in such a way that students will be aided in appropriate decision-making.

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. She has twofold responsibilities in response to the problem of drug use or misuse in her school, in the areas of case finding and prevention as well as in the areas of individual and group education. She—

Keeps alert to trends of student behavior in and away from school.

Knows signs and symptoms of drug abuse and provides school personnel with knowledge in the area of drug-user detection.

Keeps an open door for students as well as parents and others threatened by this topic who wish counseling.

Knows and utilizes community resources for treatment, counseling, and education.

Keeps school administration, parents, and community aware of the problem and devises means for good instructional and service programs.

Discourages one-shot assembly programs and encourages small group-learning situations.

Provides reliable resource materials for students, parents, and school personnel.

Keeps informed on current research.

Develops with appropriate personnel written procedures on proper and adequate handling of students suspected of using drugs and sees that all school staff members have been instructed in these procedures.

RATIONALE

The school nurse may be the only person on the school faculty who has had any experience with persons who use narcotics. She also realizes the dangers of any type of self-medication. She has had curriculum content in pharmacology including proper administration of drugs, danger signals, contraindications, and counteractions. She has had experience interpreting physicians' orders in the use of drugs. She respects the medicinal value of drugs given in the treatment of disease; therefore she can assist others to understand the difference between drug use and abuse.

VENEREAL DISEASE

Contrary to popular belief, the venereal diseases still constitute a major health problem in the United States. Three thousand persons die from syphilis each year. Hundreds of others suffer blindness, heart disease, and insanity caused by this disease. The U.S. Public Health Service figures show that the cost to the taxpayer for the care of these persons exceeds $50 million annually.

Beginning in the late 1940's, the steady decline in the reported incidence of syphilis and gonorrhea led many to believe that, with the use of penicillin as a cure, the venereal disease problem would be eliminated within a short time. The decline leveled off in 1955, however, and since then most sections of the country have shown steady increases annually.

Each year in the United States over 100,000 cases of syphilis and 200,000 cases of gonorrhea are reported to public health agencies. However, a survey of physicians conducted by the American Medical Association and the American Social Health Association indicates that less than 10 percent of all diagnosed venereal disease cases are reported.

Who gets venereal disease? Nationally about 50 percent of all infectious venereal disease occurs in persons 24 years of age or younger, 25 percent occurs in the 13- to 19-year-old group. In California, teenagers comprise 7 percent of the population, but account for 14 percent of the venereal disease problem. Obviously then, venereal diseases are diseases affecting our youth and young adults. With the recent increase of venereal diseases in young people, few can question the need for preparing to meet this important health challenge.

Venereal Disease—Information for Educators, *California State Department of Public Health, 1965.*

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. She has the twofoid responsibility of case detection and its ramifications and the provision of sound, scientific information to students, parents, and teachers.

Case Detection

The school nurse—

Works with local health authorities so that resources are available for immediate referral when needed.

Is available for counseling students and parents in private.

Cooperates with physicians and clinics in the follow-up of contacts.

Sees that information regarding facilities for diagnosis and treatment of venereal diseases is easily accessible to students, such as in libraries, rest rooms, and health offices so that students may obtain this information without contact with school personnel.

Information on Venereal Disease

The school nurse—

Assists in health instruction programs on venereal disease by providing sound scientific materials and information to teachers.

Presents information to students on venereal disease either individually or in the classroom.

Ensures that venereal disease education is systematically integrated into the school curriculum whenever it relates reasonably, such as in any unit on communicable diseases.

Ensures that venereal disease education includes a body of knowledge that will enable the student to make appropriate decisions to avoid contracting a disease, to seek assistance if necessary, and to become a concerned citizen of the community working to halt the spread of venereal disease.

RATIONALE

Our society is confused about whether to treat venereal disease as a moral or a medical problem. Present treatment—or lack of treatment—reflects this public confusion. One of the major barriers

in dealing with this subject is timidity on the part of administrators and school boards. However, the teacher, the student, and the community accept venereal disease education when it is well-presented. The school can support the program and see that facts are presented accurately and intelligently. Education alone is not the answer to the venereal disease problem in our country, but it is a basic step toward an effective control program.

TEENAGE PREGNANCY

How to provide schooling and needed health and welfare services to school girls who are pregnant is a problem of increasing urgency in many communities. Schools, of course, have always had among their students some girls who became pregnant. In recent years, however, the number of such girls has apparently increased markedly, especially in large cities, and particularly in the "inner-city" schools.

There are various possible reasons for this increase. In part, it reflects the simple fact that both the total child population and the high school population are much larger than they used to be. In part, the change in the number of high school pregnancies may be the result of the increase in early marriages. In part, it may be a reflection of less sexual restraint among those not yet married. And in part, it is probably attributable to the changed character of the high school population in most large cities.

The increase in pregnancies, it is important to note, does not stem from a change in the overall rate of illegitimate births among teenagers; that is, from an increase in the number of births out of wedlock per 1,000 unmarried teenage girls. That rate has remained fairly constant (approximately 16.5 per 1,000) since 1957. At present about 2 percent of unmarried teenage girls bear out-of-wedlock babies, but the actual number of such babies is increasing because there are more girls to become pregnant. In the United States in 1966, there were over 70,000 illegitimate births to girls less than 18 years of age.

School systems throughout the country have traditionally dealt with pregnancy by excluding the girls from school. Currently some school systems provide home instruction for these girls, usually on a minimum basis. Some permit girls to attend night school classes or receive instruction under some form of adult education. Very few permit pregnant girls to remain in their regular classes or provide them with an equal amount of schooling elsewhere. Moreover, most school systems are not eager to have girls

return to school after childbirth and willingly excuse them for child care even if they are still of compulsory school age.

For several reasons these responses to the problem are clearly unsatisfactory. First, it is apt to be demoralizing for girls to be unoccupied—neither going to school nor having a job—during the long months of pregnancy. Second, the policy of exclusion from school may mean that the girls do not secure proper health supervision early in pregnancy. Knowing they will be dropped from school upon discovery, many girls hide their pregnancy as long as possible and begin health care late, if at all. Third, many girls who are dropped from school never return; sometimes because they would be as much as a year behind when they could reenter. Since school completion is increasingly needed for satisfactory employment, girls who quit school generally begin in and remain in low-paying, unskilled jobs. Moreover, the number of such jobs is declining, while educational requirements for those that are available are continually being raised. The result is that these girls' long-range outlook for employment at adequate wages is poor.

In addition, there is the mounting public ire over financial support of illegitimate children through public funds. Recent federal legislation attempts to reduce the number of recipients of Aid to Families with Dependent Children through remedial education and job training. Such adult education, however, is a poor substitute for completing school at the usual age.

In view of all this, new approaches to the problem are being tried. In different areas of the country, a number of special programs have been established to meet the educational, medical, and social needs of pregnant school girls. Although almost all of these programs are comprehensive, their emphases vary.

Some of the special programs are health-centered. Focused on the need for good prenatal care to reduce poor outcome of pregnancy, most of these programs also provide schooling and social services at a health center or hospital. Other special pro-

grams, developing out of community-action projects, concentrate on the conditions of poverty. They try to ameliorate some of the effects of poverty while using community resources for supportive services. Still others are recreation-centered. Several, located in YWCA facilities, provide space for classroom teaching, extensive recreation facilities, and a professional worker to coordinate medical care and social services. Finally, some of the programs are education-centered, using the school system itself as the focal point for the coordination and provision of various types of services.

U.S. Children's Bureau Research Reports, *No. 2, 1968, Washington, D.C.*

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and encourage proper medical care. In various school programs and in varying degrees, she can—

Provide an open door, a permissive and understanding climate in the health office for counseling and guidance for students and parents.

Interpret problems to parents, teachers, administrators, and community workers so that some plan for educational, medical, and casework services can be provided for both girls and boys.

Provide or make provision for prenatal and postnatal nursing supervision of pregnant students.

Keep careful records of incidence of pregnancy and disposition of cases to document local problems for community and school action and to evaluate present practice.

Work with teachers at all grade levels to provide scientifically sound, up-to-date information for classroom instruction regarding adolescent development, sexuality, family life, and respect for one's body.

Assist with classroom instruction in areas of nursing knowledge and skills. These areas may include prenatal care, postnatal care, obstetrics, care of babies and young children, and nutrition.

Help students reporting suspicion of pregnancy to begin medical care as soon as possible.

Encourage students to return to school following delivery to complete their education.

Obtain clearance for a return to school from the family physician or clinic.

RATIONALE

School nurses are often in a key position in working with prevention, detection, and follow-up of pregnancy for teenagers, both girls and boys, who are not ready or able to accept the responsibilities of the family and who are confronted with parenthood in a society that does not condone births out of wedlock. Her knowledge of maternal and infant care should be utilized.

An accepting attitude of the school nurse in the health office will encourage students to seek information and assistance. The nurse knows community resources and can work with others—school, home, and community—in assisting young people.

She can be the key person in the school who brings these needs, concerns, and problems to the attention of parents, school authorities, and the community for action.

FAMILY LIFE EDUCATION

Resolution passed by the Representative Assembly, American Association for Health, Physical Education, and Recreation, Boston, Massachusetts, April 1969.

Problems related to family life, sex education, and related interpersonal relationships are of concern to children and youth and have a bearing on their present and future welfare, and the children and youth need reliable information and interpretation from competent adults on issues bearing on their emotional, social well being, they learn best when there are cooperative relationships among families, schools, and communities, and there is a concern that both critics and proponents have presented sex education issues in a sensational manner which inhibits the further development of a sound program.

Therefore be it resolved that (1) a total institutional approach to human sexuality be initiated in the schools, (2) schools develop sequential K-12 health education programs which encompass family life and sex education, (3) schools assume leadership in involving parents and other responsible community leaders in the development and interpretation of school programs in family life and sex education, and (4) schools employ competent staff professionally prepared to assume leadership in the development and direction of comprehensive health education programs, and (5) inservice programs for better understanding of the school's responsibility be developed.

The Joint Committee of the National School Boards Association and the American Association of School Administrators, in January 1968 affirmed that:

The Committee is unanimous in its firm belief that the only effective way in which the school can fulfill its responsibility for meeting the health needs of youth is through a comprehensive program of health education in grades K through 12. Such a program establishes the organizational framework

for meeting the health needs, interests, and problems of the school-age group as well as preparing them for their role as future parents and citizens.

Including sex and family life education with the other categorical health topics in one sound, interrelated, and sequential program not only saves time in an already crowded curriculum, but assures that all topics will be part of a long-range program and will receive more complete and detailed consideration at the appropriate level of the student's development.

Such a comprehensive approach should be supported by groups interested in a single health area because it assures an orderly and progressive consideration of the separate topics in the context of total health and, hence, offers more effective student exposure through the grades. It avoids "band wagon" approaches, crash programs, and piecemeal efforts focused on one or a few topics that happen to be enjoying popularity or extensive press coverage at a particular time—an approach which on the basis of past experience has proved to be largely ineffective.

Resolution passed by Joint Committee on Health Problems in Education of the National Education and the American Medical Association, Chicago, Illinois, April 1964.

Resolved that the schools accept appropriate responsibility for reinforcing the efforts of parents to transmit knowledge about the values inherent in our family system and about the psychic, moral, and physical consequences of sexual behavior, and be it further

Resolved that this be done by including in the general and health education curriculum the physiology and biology of human reproduction beginning at the elementary level and continuing throughout the school years at increasing levels of comprehension, and that the study of venereal diseases continue to be a part of communicable disease education during early adolescence, and be it further

Resolved that the concept of the family as a unit of society based on mature, responsible love be a continuing and pervasive education goal.

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. School nurses have long been concerned with various aspects of family life education and have an active role to play in these newer and broader approaches to this timely subject. The school nurse—

Plans in-service programs for the school faculty.

Procures, evaluates, and disseminates resource materials.

Works with curriculum committees.

Provides individual counseling for students and parents.

Aids in interpreting school programs to the community.

Works closely with parents and other interested persons to ensure understanding and support for school programs.

Evaluates present family life education programs with the school administrator in light of current trends as presented in the literature and the needs of the school population.

Seeks the assistance of qualified persons in the community to help with the planning and to serve as resource persons in the classroom.

Encourages selected teachers with good potential to work with students, to specialize in family life education, and to take additional course work to qualify for these assignments.

RATIONALE

The basic preparation of a nurse, including her hospital experience and community health theory and practice, gives her much of the factual content of the biological, physical, and social aspects of living. She has seen babies born and has seen people in all stages of health and disease, both in institutions and in the home. She is able to use professional terminology confidently and is able to help other school staff members through this curriculum change.

Family life education, in its broadest sense, should be part of every curriculum at every grade level for every child in school today. Such phrases as sex education, human relations, or life adjustment are sometimes used interchangeably although they are not synonomous with family life education. Often family life education is thought to be limited to human sexuality.

This field may be considered the sole responsibility of the family and church. In reality, however, it has been inadequately handled and frequently neglected. Therefore, there is increasing community pressure for the school to take the responsibility for family life education, although there are instances where certain pressure groups discourage school involvement.

Family, school, and church should share in this endeavor, with appropriate explanation and backing, starting in preschool years through adolescence. Until adequate programs are developed and in general use, there is also need for adult education. Too many people are misinformed and share this misinformation with others as fact.

The barnyard approach of teaching children about animal reproduction is far from adequate, as is the presentation of the story of menstruation. School personnel, as well as parents, clergy, and others, should realize the necessity for straightforwardness. It is all too apparent that evasion of facts does not solve the problem. As yet, comparatively few people are qualified and willing to teach family life education. The school nurse thus has a significant role to play in this particular area.

MENTAL HEALTH

Mental health is that emotional adjustment in which a person can live with reasonable comfort, functioning acceptably in the community in which he lives. The mentally healthy person is for the most part able to handle his emotions and cope acceptably with situations in his environment. The pupil who shows unacceptable behavior may be showing signs of emotional stress and may need specialized help.

"*Mental Health in the Classroom,*" Journal of School Health *(American School Health Association), May 1968.*

The World Health Organization's definition of health is, "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." In the same sense that a person never achieves a state of physical perfection, he never attains complete mental and emotional adjustment, but is constantly striving toward this goal and is aided in this striving through the satisfaction of his emotional needs.

Mental or emotional health in school encompasses the total environment. It is affected by building appearance, teacher morale, community attitude, and socioeconomic factors.

Parents and community are much less willing to admit to or understand mental or health problems than physical health problems. Mental health problems are often of such complex nature that solutions are nearly impossible.

Mental health is related to problems discussed in other parts of this monograph. It involves self-respect and the awareness of responsibility for one's own behavior.

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. She—

- Is aware that developing and maintaining optimal mental or emotional health includes understanding oneself and others.
- Knows that health practices influence and are influenced by one's emotions.
- Assists teachers at all grade levels in mental health instruction by offering suggestions for content material and providing them with up-to-date, sound information in areas of mental hygiene, emotional manifestation, and mental retardation.
- Understands that she may recognize signs and symptoms of emotional distress but that she must have special skills and understanding to help severely handicapped pupils and parents.
- Always seeks help and guidance from others who are trained and qualified when working with the emotionally disturbed and mentally retarded.
- Sees that all students enrolled in special education programs have regular medical examinations and complete vision and hearing tests.
- Works with school principals, teachers, guidance counselors, school secretaries, custodians, cafeteria workers, and other school personnel to provide an environment conducive to good mental and emotional health for pupils, parents, and community.
- Grows professionally through in-service programs for teachers and nurses, membership in professional organizations, reading of current literature, and postgraduate education.

RATIONALE

The nurse is known to be a listener and students will often confide personal anecdotes that are clues to underlying stresses. The nurse sees the child in a very different setting than does the teacher or parent. In addition, through her affiliation with other community agencies, she may learn of factors that will help her to identify children's needs.

There is no one technique the nurse uses to identify mental problems, but she may identify symptoms of maladjustment or

mental problems as she carries on other health screening programs, counsels children, and works with teachers on health observations of children.

She does more new case finding of mental health problems than of physical health problems, though the two cannot be completely separated. Follow-up procedures for these problems are slower and less tangible, and treatment facilities are limited and overburdened.

The total school staff and everything they do has either a positive or a negative relationship to mental health.

BRINGING ABOUT CHANGE IN SCHOOL NURSING

NONPROFESSIONAL NURSING AIDES IN THE SCHOOLS

Since the school's primary purpose is education, it is important and necessary that school health services be carried out so that their inherent educational values are fully developed and implemented. To ensure this the overall responsibility for school health services must remain with qualified professional personnel. Nonprofessional personnel may, however, be employed to work with and under the direction of the professional staff.

The school nurse must have dual preparation in health and teaching in order to provide the essential interdisciplinary approach to school health. This need is emphasized by the increasing focus on the educational aspects of school nursing. Qualifications are being raised for all members of the nursing and teaching professions.

Over the years, the functions of the school nurse have continually broadened. Meanwhile the shortages of qualified personnel have reached a critical stage. Furthermore, the professional personnel are sometimes misassigned or their time is ineffectively used for nonprofessional tasks.

It appears that one realistic solution to this multifaceted problem is the employment of nonprofessional aides or assistants.

The Non-Professional Assistant in School Health Services, *unpublished report of a subcommittee (Helen Brion, chairman), American School Health Association, 1967.*

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. In utilizing the nonprofessional aide, the nurse has definite responsibilities and obligations for herself, the school staff, and the assistant. She—

- Develops tasks to be assigned to the nurse assistant after careful determination of technical tasks needed for the special school assignment that can be performed competently and safely by a less well-trained individual.
- Utilizes existing research on use of aides as a guide and develops a job description.
- Helps school personnel, parents, and students to understand the role and responsibilities of the nurse assistant.
- Interprets the role of the nurse assistant so that she fully understands her duties and responsibilities.
- Maintains a clear understanding that the nurse assistant works under her (the nurse's) direct supervision and that she will be evaluated at selected intervals by the nurse.
- Reviews and utilizes general supervisory and interpersonal relation skills in guiding the nurse assistant.
- Assumes responsibilities and practices skills for the nursing program that require professional judgment and higher nursing knowledge and relinquishes activities that can be performed by a technician.

RATIONALE

The role of the nonprofessional in school nursing activities is not new, although it has not previously been recognized as "nursing." It has been established practice in most schools throughout the country for selected health activities to be performed by other than physician or nurse. The fact that these trained professionals have not been available or thought to be needed for full-time assignments at a specific school has been the rule rather than the exception. School secretaries or clerks, teachers and principals, and other school personnel have kept health records, made health referrals, performed first aid, excluded ill children, interpreted communicable disease rules and regulations, admitted pupils after illness, and performed many other health-related activities.

School nurses are often swamped with minutiae during their assigned time in schools. Vision and hearing screening, weighing and measuring, and routine record keeping are a few of the time-consuming, less effective uses of highly trained and experienced uses of the nurse and the nonprofessional assistant, so that both are doing jobs appropriate to their respective training and experience.

When functions are not properly delegated, school nurses are frustrated; school administrators are unhappy; teachers and school secretaries feel either unprepared to perform health service activities or that the school nurses are shirking their obligations.

The need for better use of the school nurse's specialized knowledge and skills is constantly stressed in groups of professional health workers and educators.

Recent trends, primarily through federal legislation, have resulted in schools making many more demands on school nurses. Many school districts are increasing health services; others are increasing the scope and functions of their school nursing services; others are adding school nursing services where they were nonexistent.

In addition to school demands, there is an increased need for public health nurses in generalized public health services. As a result of Medicare, home nursing programs are requiring more staff to meet urgent needs of the public, as are other population groups, including the acute and chronically ill. These programs will utilize not only more public health nurses, but also various levels of staff, including registered nurses without public health preparation, licensed vocational nurses, and subprofessional aides.

The implications of this situation are many. There will be fewer highly trained public health nurses to provide more complex services to greater numbers of people. This means, therefore, that every agency, including the school, must utilize to the greatest degree the public health nurse's abilities and the skills for which she is trained. Persons with various levels of training can also make effective contributions as members of the school health team.

COMPREHENSIVE HEALTH PLANNING SERVICES

Summary of Comprehensive Health Planning and Public Health Services Amendments of 1966 (Public Law 89-749)

This legislation provides for comprehensive planning for health services, health manpower, and health facilities on the state and local level; strengthens and improves existing Public Health Service formula and project grant programs; provides for the interchange of federal and state and local health workers; continues the existing program of formula grants for schools of public health; and broadens and increases the flexibility of support for health services in the community. The sections most pertinent to school nursing are given here.

Sections 1 and 2. Titles and Declaration of Purpose

Congress declares desire to assure attainment of highest level of health for every person, requiring cooperation of all governmental levels, nonofficial organizations, and individuals.

Section 3. 314 (a) Grants to States for Comprehensive Health Planning

Authorizes funds for comprehensive health planning by states, available to states submitting an approved plan for comprehensive health planning.

The state plan for comprehensive planning must provide a single state agency, which may be interdepartmental; establish a state health planning council, representative of state and local agencies, nongovermental organizations, and consumers of health services; set forth policies and procedures for expenditures of funds; provide for cooperation between agencies and groups at all levels; increase the amounts available for health services and not supplant nonfederal funds.

Allotments of planning funds will be made to the states on the basis of population and per capita income (each state to have at least one percent of total); funds may carry over into succeeding year.

314 (b) Project Grants for Areawide Health Planning

Authorizes project grants to any other (than the agency in 314(a)) public or nonprofit agency for developing comprehensive regional, metropolitan, or local area plans for coordination of health services, including facilities and persons required.

314 (c) Project Grants for Training, Studies, and Demonstrations

Authorizes grants to any public or nonprofit agency, institution, or organization for training, studies, or demonstrations toward the development of improved or more effective comprehensive health planning throughout the nation. The projects will include developmental measures to increase the capabilities of people and agencies for effective health planning skills. Grant covers all or part of costs.

314 (e) Project Grants for Health Services Development

Authorize grants to public or nonprofit agencies or organizations to cover part of the cost of providing services to meet health needs of limited geographical scope or of specialized regional or national significance; stimulating and initially supporting new programs of health services; and financing studies, demonstrations, or training designed to develop new methods or improve existing methods of providing health services.

IMPLICATIONS FOR SCHOOL NURSING

The school nurse can serve as a catalyst for promotion of better health. She should—

Keep school administrators and school board members aware of the activities of state and local planning groups related to comprehensive health planning.

Participate in local planning groups and be prepared to make suggestions regarding specific contributions of school nursing and school health services to total community well-being, such as the accessibility of children and youth for health screening programs, the responsibility of the schools to provide health instruction to children and youth, and the unique position of the schools and school nurses in interpreting and encouraging utilization of community health facilities to parents and students.

Keep up to date on current legislation at all levels of government in education and welfare as well as health.

Make recommendations to appropriate project groups for cooperation.

Plan with other community agencies, both official and voluntary, so that duplication of services to children and their families will be eliminated.

Utilize existing funds whenever possible to strengthen school nursing programs with innovative projects, studies, and demonstrations.

RATIONALE

Schools and school health services are an integral part of community health resources and school health personnel, and the school nurse is a valuable member of the community health team.

She is often the only person within the school with a direct relationship to other members of the community health team.

School health programs, as well as community programs for children and youth are theoretically based on careful analysis of the distribution of defects and disease so that needs of children in a given community are met. However, in practice, quality of service depends on the quality of communications between agencies and upon the similarity of goals and objectives for service.

The school nurse is often the liaison between the agencies, the school, and the home. She uses all the services of the community and she has close ties not ony with health programs, but also with education.

The school nurse's strengths and contributions to both comprehensive health planning and extension of health services lies in her unique position as a professional person at the services level.

PRESCHOOL PROGRAMS

Research shows clearly that the first four or five years of a child's life are the period of most rapid growth in physical and mental characteristics and of greatest susceptibility to environmental influences. Consequently, it is in the early years that deprivations are most disastrous in their effects. They can be compensated for only with great difficulty in later years, and then probably not in full. . . . Those children commonly called "disadvantaged" are in the greatest need of early schooling, for they are most in need of help in developing their ability to live independently and creatively in a modern society.

But not only those commonly considered disadvantaged are disadvantaged in their lives at home. The pampered also are disadvantaged; so are those whose parents are obsessed with the need to impress and achieve; so are those, whatever their economic background, whose parents show them little love; so are those who have little chance to play with other children or with children of other backgrounds; so are those with physical handicaps. Early education could help all these children. . . . Early education has long been available to the well-to-do, and it is commendable that governments are now acting on the need to make it available to some of the poor. But the large middle group should have the same opportunities.

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. Her responsibilities will vary with the administrative framework for preschool programs (school districts, local Offices of Economic Opportunity, or private voluntary agencies) and with the method for providing care (through established community health resources, school health services, private physicians and dentists, or independent units set up specifically for these programs).

The following responsibilities will apply to all programs. The school nurse should—

- Maintain a close working relationship with administrators of the program so it will be possible to obtain a complete health history for the child's cumulative school record, provide a hearing and vision test for each child, provide a medical and dental appraisal for all children enrolled in the program, provide follow-up services for children with medical and dental problems, make certain that each child is adequately immunized and has had a tuberculin test, assist parents and children in understanding the importance of being in the best physical and mental health possible for a good start in school, and work out details so that reports of these examinations and treatments can become part of the child's on-going school health record.
- Review preschool health reports and inform teachers and principals of any health problems.
- Continue follow-up of health problems when the child enrolls in regular school.
- Assist with arrangements for special school placement or treatment as needed.
- Work closely with parents to maintain continued health supervision, cooperation, and health education.
- Keep simple, adequate records to maintain continuity of services and for evaluation purposes.
- Help teachers and others to understand the socioeconomic factors inherent in preschool programs.

RATIONALE

One of the most popular and productive community poverty programs has been Project Head Start, which has led to increased emphasis on preschool education throughout the country. Project Head Start has not only been a program, it has also become a concept. In concept, it draws together all resources—the family, the community, and the school—to help children do better once they enter regular school. This success in school is not dependent alone on sound educational experiences, but emphasis is placed upon physical well-being as a basic prerequisite for later school success. The health program is designed to provide more adequate and more accessible medical, dental, and nursing services to preschool

children. The primary objectives of the health program is the promotion of health and prevention of disease for all children in the program. These objectives can be realized with the cooperation of the parent, the school, and the community. The key person in implementing this health program can be the school nurse.

Regardless of the framework for providing medical and dental care, the effectiveness of the preschool health program lies in assisting parents to understand the reasons for needing and utilizing the health services set up by these programs.

Preschool programs provide the means for early detection and correction of health defects and in developing sound parent-child attitudes towards the relationship of good health and school. These services must not be neglected when the child enrolls in regular school nor should these services be duplicated, but programs should be built on this foundation.

The use of the school nurse in summer programs and experienced school nurses in all-year programs, will lead to better continuity and more comprehensive service during the school years.

It is difficult to know what method or combination of methods would be most effective in working with families, but research does substantiate the premise that planned, repeated personal contacts, both at home and at school, both individual and group, will net the best results. It is upon these premises that the school nursing services for Project Head Start should be based.

EVALUATION IN SCHOOL NURSING

One might define evaluation as the process of determining the value or worth of something, relative to a given purpose or standard. It is the process of making decisions, drawing together evidence, weighing the pros and cons of various suggestions, and selecting courses of action.

Each of us is constantly making evaluations in daily life, judging the worth of alternatives against our own background of knowledge and experience. We judge ideas or actions as right or wrong, good or bad, honest or dishonest, practical or impractical so frequently that we are often unaware of doing so. When the weighing process is subconscious or intuitive, major decisions may be made without the consideration of pertinent evidence at hand. Motives underlying evaluations are seldom pinpointed and discussed.

Most of our evaluations in daily life are made without help from specialists. From time to time, however, we do seek out persons who are trained to serve in some evaluative role. We may turn to the physician or nurse, the psychiatrist or psychologist, the judge or lawyer, the consulting engineer, the real estate appraiser, or any one of a wide range of experts.

The first questions such an expert is likely to ask are, "Why have you come to me? What is your problem? Why do you need help?"—questions which are concerned with the reasons for the evaluation.

The question "Why do you want to evaluate and for what?" deserves the most critical attention of those concerned with evaluation. Most of the major decisions that need to be made in planning and conducting an evaluation hinge on the answer to this question.

Evaluation, like other research, tends to start with concern, curiosity, uncertainty, or what Alfred North

Whitehead has called "a ferment already stirring in the mind." Some element of desire or need to know seems necessary if any steps toward evaluation are to be taken at all. Whoever wants to evaluate wants to do so for some reason, in order to make some kind of decision or to serve some personal or group purpose.

Annie L. Knutson, Ph.D., "Evaluation for What?" Behavioral Sciences in Public Health, *School of Public Health, University of California, Berkeley, 1961*

The number of nurses employed by boards of education for school health services has almost doubled during the past ten years and a large proportion of nursing services provided by local health departments is devoted to school health. School health services absorb a large segment of the total public health nursing resources; therefore, it is important to obtain and analyze data on nursing activities in school health programs. Such evidence is needed not only to improve utilization of nursing skills and service in school health programs, but also to place such programs in proper perspective along with other important community health needs. . . .

Dolores Basco, "Evaluation of School Nursing Activities," Nursing Research, *Fall, 1963*

IMPLICATIONS FOR SCHOOL NURSING

The primary responsibility of the school nurse is to promote health and help in preventing disease. A look at the implications in the evaluation of programs and practices toward this end shows that the nurse should—

Keep pertinent, meaningful records adequately and simply so that activities can be counted and utilized for review.

Set up records and reporting forms before the program begins and see that data collected is pertinent to the objectives of the specific program to be studied.

Secure expert assistance in setting up any type of data collecting system and in evaluation of the data.

Keep studies simple and limited to pertinent issues.

Study and evaluate own job performance and professional development.*

Assist with the appraisal of the job performance of others for whom the nurse is responsible.*

Identify areas of needed research for improving practice and programs.*

Participate in planning and carrying out epidemiological studies.*

Participate in studies on educational needs of pupils.*

Participate in studies of school nursing functions, methods, procedures, and service accomplishments.*

Participate in studies of the utilization of personnel.*

Review research proposals in terms of the need for including school nursing.*

Contribute to the school nursing component of research projects.*

Apply evaluation findings for self-improvement and redirection of the program.

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*Based on *Functions and Qualifications for School Nurses,* The American Nurses' Association, 1966.

RATIONALE

In almost every instance and in nearly every community, practice of certain school health services and school nursing duties may become obsolete. Practices are developed to meet specific needs, then are kept active after the needs have been met. Since much school nursing practice is outdated, either in developing a new service or redirecting an established one, it is usually wise to establish priorities when setting up a service and incorporate some means of evaluating and redirecting services at regular intervals.

What about routine checking of height and weight? What about dental inspection? What about routine physical examinations? What about health education only as a rainy day substitute for physical education? What about vision and hearing screening every year? A look at current literature will give excellent clues as to new approaches to these practices, methods for setting priorities, and means of evaluation.

SUMMARY

A good school health program means a good school nurse. Methods of accomplishing the objectives of a health program are as varied as the problems presented.

As a health appraiser, the school nurse observes, directs, interviews, analyzes, screens, and assesses.

As a counselor, she consults, guides, interprets and counsels.

As a health educator, she works with curriculum, provides individual and group instruction, and identifies and evaluates health resources and resource materials.

She is a liaison who synthesizes home, school, and community.

She is a researcher who evaluates, studies, redirects, and communicates.

She is a faculty member and serves on many teams, which may include custodians, bus drivers, cafeteria workers, and others.

She aids in formulation of policy, standards, objectives, and budget.

AAHPER COMMITMENT TO SCHOOL NURSES

The American Association for Health, Physical Education, and Recreation evolved in July 1937 from the former American Physical Education Association in order to include health services as a vital and integral part of health education. The word "Health" was used as the lead in order to emphasize its new importance to the Association. Subdivisions of the three designated sections were also named: medicine, nursing, and health education. Medical and nursing personnel showed only token interest in such an organization, probably because these two professional groups were already involved in their own, more specific groups. Without numbers or active participants in the medical or nursing subdivision, programs with specific concern to these two groups became incidental. The Health Education section has grown into one of the most significant and important professional organizations for health education in the United States.

In 1966 the Board of Directors of the National Education Association requested the American Association for Health, Physical Education, and Recreation to "review its structure to see how it might be reorganized to provide for the active participation of the school nurses."

On February 3, 1967, AAHPER reported back to the NEA Board of Directors the following proposal—

". . . there shall be full consideration for the total school health program with the inclusion of school nurses through extension of the following services—

1. A structure to foster the professional activity and growth of school nurses through a National Council on School Nursing
2. Consultant services to school nurse members
3. Inclusion of school nurse members in all health-related concerns and activities of the Health Education Division and the Association
4. Extension of services by the professional AAHPER staff for conferences, conventions, publications, and program coordination and implementation."